

them):

You Can Help Other Parents: Become a Parent Advocate

Nobody is prepared when a child is hurt or even killed by something that happens accidentally. Even knowing that your family avoided something serious can be shocking. Sharing your experience with others may help you cope.

Your story can also help others understand the importance of preventing injuries to children. Statistics don't do as good a job. You could be an effective advocate for new or stronger legislation in your state or nationwide. You could also be an inspiring volunteer who distributes safety devices in your community or just someone believable who talks to other parents about how to keep their kids safe.

Please fill out this both page	es of this form	as completely as you o	ean.	
Submitted by				
Date submitted				
Name of child involved				
Child's home address				
City, state and ZIP Code				
Child's age F	Child's date of birth			
Child's ethnic background (optional):	White Hispanic		Asian Other:	
Name(s) of parent(s) or guard (if other than person submitting				
Address of parent(s) or guardi	an (if different f	from above)		
City, state and ZIP Code				
E-mail address for parent(s) _				
Daytime phone number for pa	rent(s)			
When did it happen? (month a	and year is OK)			
Where did it happen? (town as	nd state is OK)			
Please describe what happened	d (you can write	e on the back of this shee	t or add extra sheets	if you need